

PART B - FEE(S) TRANSMITTAL

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AUG 17 2005

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7590 06/08/2005

Sughrue Mion Zinn Macpeak & Seas
2100 Pennsylvania Avenue N W
Washington, DC 20037-3202

08/18/2005 MBEYENE2 00000125 09541593

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(Depositor's name)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/541,593	04/03/2000	Masanori Mukaiyama	Q58612	4884

TITLE OF INVENTION: DEVICE MANAGEMENT NETWORK SYSTEM MANAGEMENT SERVER AND COMPUTER READABLE MEDIUM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/08/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SALAD, ABDULLAHI ELM	2157	709-224000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
SUGHRUE MION, PLLC _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Seiko Epson Corporation

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee
 Publication Fee (No small entity discount permitted)
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A check is attached for the NOA Fees payment. Please charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached. any overpayment, to this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date 8/10/05

Typed or printed name Grant K. Röwan

Registration No. 41, 278

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